

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

TEXAS SPINE AND JOINT HOSPITAL PAC

ADDRESS (number and street) ▼

1814 ROSELAND BLVD

☐ Check if different than previously reported. (ACC)

TYLER

TX

75701

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00437525

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☒ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer ANTHONY WAHL

Signature of Treasurer

ANTHONY WAHL

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

TEXAS SPINE AND JOINT HOSPITAL PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
04 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012		65910.94
(b) Cash on Hand at Beginning of Reporting Period.....	64902.94	
(c) Total Receipts (from Line 19)	11517.00	33009.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	76419.94	98919.94
7. Total Disbursements (from Line 31)	46500.00	69000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	29919.94	29919.94
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

TEXAS SPINE AND JOINT HOSPITAL PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	2

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	11429.00	25044.00
(ii) Unitemized	88.00	2965.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	11517.00	28009.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	11517.00	28009.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	11517.00	33009.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	11517.00	33009.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	46500.00	69000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	46500.00	69000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	46500.00	69000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	11517.00	28009.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11517.00	28009.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 26

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. TIMOTHY BECK

Mailing Address 9132 CHEROKEE TRAIL

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 08 / 2012

Transaction ID : SA11AI.4931

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. TIMOTHY BECK

Mailing Address 9132 CHEROKEE TRAIL

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 24 / 2012

Transaction ID : SA11AI.4932

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. TROY CALLENDER

Mailing Address 3413 GOLDEN ROAD

City

TYLER

State

TX

Zip Code

75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

471.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 08 / 2012

Transaction ID : SA11AI.4937

Amount of Each Receipt this Period

137.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

337.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. TROY CALLENDER

Mailing Address 3413 GOLDEN ROAD

City State Zip Code
 TYLER TX 75701

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

574.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 24 2012

Transaction ID : SA11AI.4938

Amount of Each Receipt this Period

103.00

Full Name (Last, First, Middle Initial)

B. AARON CALODNEY

Mailing Address 17909 CR 132

City State Zip Code
 FLINT TX 75762

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1355.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 08 2012

Transaction ID : SA11AI.4885

Amount of Each Receipt this Period

389.00

Full Name (Last, First, Middle Initial)

C. AARON CALODNEY

Mailing Address 17909 CR 132

City State Zip Code
 FLINT TX 75762

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1647.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 24 2012

Transaction ID : SA11AI.4886

Amount of Each Receipt this Period

292.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

784.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 26
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. JOHN CAMP

Mailing Address 606 CUMBERLAND ROAD

City State Zip Code
 TYLER TX 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

979.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 08 / 2012

Transaction ID : SA11AI.4927

Amount of Each Receipt this Period

282.00

Full Name (Last, First, Middle Initial)

B. JOHN CAMP

Mailing Address 606 CUMBERLAND ROAD

City State Zip Code
 TYLER TX 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1191.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 24 / 2012

Transaction ID : SA11AI.4928

Amount of Each Receipt this Period

212.00

Full Name (Last, First, Middle Initial)

C. STUART CRUTCHFIELD

Mailing Address 2066 CANBERRA COURT

City State Zip Code
 TYLER TX 75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1372.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 08 / 2012

Transaction ID : SA11AI.4888

Amount of Each Receipt this Period

395.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

889.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 26

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. STUART CRUTCHFIELD

Mailing Address 2066 CANBERRA COURT

City State Zip Code
 TYLER TX 75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1668.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 24 / 2012

Transaction ID : SA11AI.4889

Amount of Each Receipt this Period

296.00

Full Name (Last, First, Middle Initial)

B. GUY DANIELSON

Mailing Address 16950 FM 2661

City State Zip Code
 FLINT TX 75762

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 08 / 2012

Transaction ID : SA11AI.4890

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

C. GUY DANIELSON

Mailing Address 16950 FM 2661

City State Zip Code
 FLINT TX 75762

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 24 / 2012

Transaction ID : SA11AI.4891

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

462.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 26
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. ROBERT DENNIS

Mailing Address 1008 WILDER WOOD

City State Zip Code
 TYLER TX 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1254.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 08 / 2012

Transaction ID : SA11AI.4892

Amount of Each Receipt this Period

358.00

Full Name (Last, First, Middle Initial)

B. ROBERT DENNIS

Mailing Address 1008 WILDER WOOD

City State Zip Code
 TYLER TX 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1523.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 24 / 2012

Transaction ID : SA11AI.4893

Amount of Each Receipt this Period

269.00

Full Name (Last, First, Middle Initial)

C. PAUL DETWEILER

Mailing Address 3635 CANYON CREEK CIRCLE

City State Zip Code
 TYLER TX 75707

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1030.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 08 / 2012

Transaction ID : SA11AI.4894

Amount of Each Receipt this Period

294.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

921.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. PAUL DETWEILER

Mailing Address 3635 CANYON CREEK CIRCLE

City State Zip Code
 TYLER TX 75707

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1253.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 24 / 2012

Transaction ID : SA11AI.4895

Amount of Each Receipt this Period

223.00

Full Name (Last, First, Middle Initial)

B. KIM FOREMAN

Mailing Address 107 BELMEAD LANE

City State Zip Code
 TYLER TX 75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

446.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 08 / 2012

Transaction ID : SA11AI.4929

Amount of Each Receipt this Period

130.00

Full Name (Last, First, Middle Initial)

C. KIM FOREMAN

Mailing Address 107 BELMEAD LANE

City State Zip Code
 TYLER TX 75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

543.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 24 / 2012

Transaction ID : SA11AI.4930

Amount of Each Receipt this Period

97.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. HOWARD GARB

Mailing Address 3414 GOLDEN ROAD

City State Zip Code
 TYLER TX 75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

428.00

Date of Receipt

05 / 08 / 2012

Transaction ID : SA11AI.4939

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. HOWARD GARB

Mailing Address 3414 GOLDEN ROAD

City State Zip Code
 TYLER TX 75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

521.00

Date of Receipt

05 / 24 / 2012

Transaction ID : SA11AI.4940

Amount of Each Receipt this Period

93.00

Full Name (Last, First, Middle Initial)

C. GARY GOODFRIED

Mailing Address 19140 FALLS CREEK

City State Zip Code
 FLINT TX 75762

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1318.00

Date of Receipt

05 / 08 / 2012

Transaction ID : SA11AI.4896

Amount of Each Receipt this Period

377.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

595.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. GARY GOODFRIED

Mailing Address 19140 FALLS CREEK

City State Zip Code
 FLINT TX 75762

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 24 / 2012

Transaction ID : SA11AI.4897

Amount of Each Receipt this Period

282.00

Full Name (Last, First, Middle Initial)

B. CHARLES GORDON

Mailing Address 7302 HOLLYTREE DRIVE

City State Zip Code
 TYLER TN 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1403.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 08 / 2012

Transaction ID : SA11AI.4898

Amount of Each Receipt this Period

403.00

Full Name (Last, First, Middle Initial)

C. CHARLES GORDON

Mailing Address 7302 HOLLYTREE DRIVE

City State Zip Code
 TYLER TN 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1705.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 24 / 2012

Transaction ID : SA11AI.4899

Amount of Each Receipt this Period

302.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

987.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. THOMAS GRAHAM

Mailing Address 533 WILDER WAY

City

TYLER

State

TN

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1355.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 08 / 2012

Transaction ID : SA11AI.4900

Amount of Each Receipt this Period

389.00

Full Name (Last, First, Middle Initial)

B. THOMAS GRAHAM

Mailing Address 533 WILDER WAY

City

TYLER

State

TN

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1647.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 24 / 2012

Transaction ID : SA11AI.4901

Amount of Each Receipt this Period

292.00

Full Name (Last, First, Middle Initial)

C. DUANE GRIFFITH

Mailing Address 7113 TURNBERRY CIRCLE

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 08 / 2012

Transaction ID : SA11AI.4943

Amount of Each Receipt this Period

113.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

794.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. DUANE GRIFFITH

Mailing Address 7113 TURNBERRY CIRCLE

City State Zip Code
 TYLER TX 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

481.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 24 / 2012

Transaction ID : SA11AI.4944

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

B. MARK HACKBARTH

Mailing Address 3630 CANYON CREEK CIRCLE

City State Zip Code
 TYLER TX 75707

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

598.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 08 / 2012

Transaction ID : SA11AI.4902

Amount of Each Receipt this Period

171.00

Full Name (Last, First, Middle Initial)

C. MARK HACKBARTH

Mailing Address 3630 CANYON CREEK CIRCLE

City State Zip Code
 TYLER TX 75707

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

726.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 24 / 2012

Transaction ID : SA11AI.4903

Amount of Each Receipt this Period

128.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

384.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. JAMES HARRIS

Mailing Address 9243 CHISHOLM TRAIL

City State Zip Code
 TYLER TX 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 08 / 2012

Transaction ID : SA11AI.4905

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. JAMES HARRIS

Mailing Address 9243 CHISHOLM TRAIL

City State Zip Code
 TYLER TX 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 24 / 2012

Transaction ID : SA11AI.4906

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. STEUART HEATON

Mailing Address 3413 GOLDEN ROAD

City State Zip Code
 TYLERT TX 75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 08 / 2012

Transaction ID : SA11AI.4935

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

283.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. STEUART HEATON

Mailing Address 3413 GOLDEN ROAD

City State Zip Code
TYLERT TX 75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 24 / 2012

Transaction ID : SA11AI.4936

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

B. JEFF HUNTER

Mailing Address 3415 GOLDEN ROAD

City State Zip Code
TYLER TX 75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 08 / 2012

Transaction ID : SA11AI.4941

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. JEFF HUNTER

Mailing Address 3415 GOLDEN ROAD

City State Zip Code
TYLER TX 75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 24 / 2012

Transaction ID : SA11AI.4942

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

258.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. MATT JONES

Mailing Address 3414 GOLDEN ROAD

City State Zip Code
 TYLER TX 75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 08 / 2012

Transaction ID : SA11AI.4933

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

B. MATT JONES

Mailing Address 3414 GOLDEN ROAD

City State Zip Code
 TYLER TX 75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 24 / 2012

Transaction ID : SA11AI.4934

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

C. JON LEDLIE

Mailing Address 6166 QUAIL CREEK

City State Zip Code
 TYLER TX 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

668.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 08 / 2012

Transaction ID : SA11AI.4907

Amount of Each Receipt this Period

167.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

333.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. JON LEDLIE

Mailing Address 6166 QUAIL CREEK

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

835.00

Date of Receipt

05 / 24 / 2012

Transaction ID : SA11AI.4908

Amount of Each Receipt this Period

167.00

Full Name (Last, First, Middle Initial)

B. JAMES MICHAELS

Mailing Address 2013 HOLLY CREEK DR.

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1361.00

Date of Receipt

05 / 08 / 2012

Transaction ID : SA11AI.4909

Amount of Each Receipt this Period

391.00

Full Name (Last, First, Middle Initial)

C. JAMES MICHAELS

Mailing Address 2013 HOLLY CREEK DR.

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1655.00

Date of Receipt

05 / 24 / 2012

Transaction ID : SA11AI.4910

Amount of Each Receipt this Period

294.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

852.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. JOHN PRIDDY

Mailing Address 17950 TIMOTHY CT.

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

644.00

Date of Receipt

05 / 08 / 2012

Transaction ID : SA11AI.4925

Amount of Each Receipt this Period

184.00

Full Name (Last, First, Middle Initial)

B. JOHN PRIDDY

Mailing Address 17950 TIMOTHY CT.

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

782.00

Date of Receipt

05 / 24 / 2012

Transaction ID : SA11AI.4926

Amount of Each Receipt this Period

138.00

Full Name (Last, First, Middle Initial)

C. TODD RAABE

Mailing Address 16987 FM 756

City

WHITEHOUSE

State

TX

Zip Code

75791

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1745.00

Date of Receipt

05 / 08 / 2012

Transaction ID : SA11AI.4911

Amount of Each Receipt this Period

501.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

823.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. TODD RAABE

Mailing Address 16987 FM 756

City State Zip Code
 WHITEHOUSE TX 75791

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2121.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 24 / 2012

Transaction ID : SA11AI.4912

Amount of Each Receipt this Period

376.00

Full Name (Last, First, Middle Initial)

B. MARK RENFRO

Mailing Address 2737 OLD BULLARD ROAD

City State Zip Code
 TYLER TX 75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1087.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 08 / 2012

Transaction ID : SA11AI.4913

Amount of Each Receipt this Period

313.00

Full Name (Last, First, Middle Initial)

C. MARK RENFRO

Mailing Address 2737 OLD BULLARD ROAD

City State Zip Code
 TYLER TX 75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1322.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 24 / 2012

Transaction ID : SA11AI.4914

Amount of Each Receipt this Period

235.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

924.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. MICHAEL RUSSELL

Mailing Address 5930 BRIKWORTH

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1306.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 08 / 2012

Transaction ID : SA11AI.4915

Amount of Each Receipt this Period

373.00

Full Name (Last, First, Middle Initial)

B. MICHAEL RUSSELL

Mailing Address 5930 BRIKWORTH

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1586.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 24 / 2012

Transaction ID : SA11AI.4916

Amount of Each Receipt this Period

280.00

Full Name (Last, First, Middle Initial)

C. WILLIAM SCHREIBER

Mailing Address 6407 HOLLYTREE CIRCLE

City

TYLER

State

TN

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 08 / 2012

Transaction ID : SA11AI.4919

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

736.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. WILLIAM SCHREIBER

Mailing Address 6407 HOLLYTREE CIRCLE

City State Zip Code
 TYLER TN 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 24 2012

Transaction ID : SA11AI.4920

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

B. JERRY SCHWARZBACH

Mailing Address 8304 COLUMBIA DRIVE

City State Zip Code
 TYLER TX 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 08 2012

Transaction ID : SA11AI.4921

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. JERRY SCHWARZBACH

Mailing Address 8304 COLUMBIA DRIVE

City State Zip Code
 TYLER TX 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 24 2012

Transaction ID : SA11AI.4922

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

283.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. **CLAIRE TIBILETTI**

Mailing Address 16690 DRIFTWOOD

City

TYLER

State

TX

Zip Code

75707

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

668.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 08 / 2012

Transaction ID : SA11AI.4923

Amount of Each Receipt this Period

167.00

Full Name (Last, First, Middle Initial)

B. **CLAIRE TIBILETTI**

Mailing Address 16690 DRIFTWOOD

City

TYLER

State

TX

Zip Code

75707

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

835.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 24 / 2012

Transaction ID : SA11AI.4924

Amount of Each Receipt this Period

167.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

334.00

TOTAL This Period (last page this line number only)..... ►

11429.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. RAFAEL EDWARD TED CRUZ

Mailing Address 3333 ALLEN PARKWAY

City
HOUSTONState
TXZip Code
77019

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: TX

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2012

Transaction ID : SB23.4952

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. BRYAN HUGHES

Mailing Address 102 WEST HOUSTON

City
MARSHALLState
TXZip Code
75671

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	24	/	2012

Transaction ID : SB23.4950

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. JOSH MANDEL

Mailing Address 2112 ACACIA PARK DRIVE SUITE 504

City
LYNDHURSTState
OHZip Code
44124

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: OH

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2012

Transaction ID : SB23.4953

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

11500.00

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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

TEXAS SPINE AND JOINT HOSPITAL PAC

A. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Date of Disbursement

Transaction ID : SB23.4949

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

15000.00

B. NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB23.4945

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

15000.00

C. ROMNEY VICTORY INC

Date of Disbursement

Transaction ID : SB23.5313

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 00

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional).....

35000.00

TOTAL This Period (last page this line number only).....

46500.00